

Case Number:	CM13-0023161		
Date Assigned:	11/15/2013	Date of Injury:	10/19/1988
Decision Date:	01/28/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in family Practice, and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 66-year-old female who reported an injury on 10/19/1988. The patient was most recently seen for low back pain in 08/2013. The patient states that her pain was radiating to her bilateral lower extremities with weakness and numbness noted. She states that massage therapy helps reduce some of her low back pain. The physical examination of the lumbar spine revealed decreased Achilles reflex, TTP over the L4-5 and L5-S1 paraspinals, pain with flexion and extension, and positive SLR. The patient was noted as having signed an opioid contract in the office. Current diagnoses include myalgia, lumbar radiculopathy, lumbar degenerative disc disease, and chronic pain syndrome. The treatment, to date, included oral medications and massage therapy x6 sessions which were certified on 02/20/2013. The physician is now requesting massage therapy x6, Percocet 10/325 mg with a total of 45 tablets, OxyContin 30 mg with a total of 30 tablets, and Lyrica 75 mg with a total of 60 tablets.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Massage therapy times 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG, Low Back Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 80.

Decision rationale: Under California MTUS Guidelines, massage therapy is recommended as an option that should be an adjunct to other recommended treatments, for example, exercise, and should be limited to 4 to 6 visits in most cases. It further states that massage is a passive intervention and treatment dependence should be avoided. This lack of long-term benefits should be due to the short treatment period or treatments such as these do not address the underlying causes of pain. As noted before, the patient has already utilized 6 sessions of massage therapy to treat her lower back pain. Therefore, the request for 6 additional massage therapy sessions would exceed maximum allowance per California MTUS Guidelines. As such, the requested service is non-certified.

Percocet 10/325mg #45: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Under California MTUS, it states Percocet is a short-acting opioid, also known as normal release or immediate release opioid, which is seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. They are also agents often combined with other analgesics such as acetaminophen and aspirin. As noted in the documentation, the patient has been utilizing this medication with sustainment in her pain relief. The patient signed an agreement with her physician regarding her opioid use. She has also had no abnormal results pertaining to the random or scheduled urine drug screens used to monitor her overall medication use. Therefore, at this time, the requested service for Percocet 10/325 mg with a total of 45 tablets would be considered medically appropriate for this patient. As such, the requested service is certified.

Oxycontin 30mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Under California MTUS, prescriptions from a single practitioner that are taken as directed at the lowest possible dose being prescribed as in the case of this patient, would be considered appropriate for continuation of use. As noted in the documentation, the patient has been utilizing this medication with sustainment in her pain relief and she has signed an agreement with her physician regarding her opioid use. She has also had no abnormal results in regards to the random/scheduled urine drug screens used to monitor her overall medication use. Therefore, at this time, the requested service for Oxycontin 30mg #30 would be considered medically appropriate for this patient. As such, the requested service is certified.

Lyrice 75mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 99.

Decision rationale: Under California MTUS, pregabalin has been documented to be effective in the treatment of diabetic neuropathic and postherpetic neuralgia and has FDA approval for both indications and is considered a first-line treatment for both. The patient has been noted as having neuropathic pain and has had positive efficacy with the use of her oral medications. Therefore, in regard to the request for Lyrice 75 mg with a total of 60 tablets, the requested service is considered appropriate for this patient and is certified.